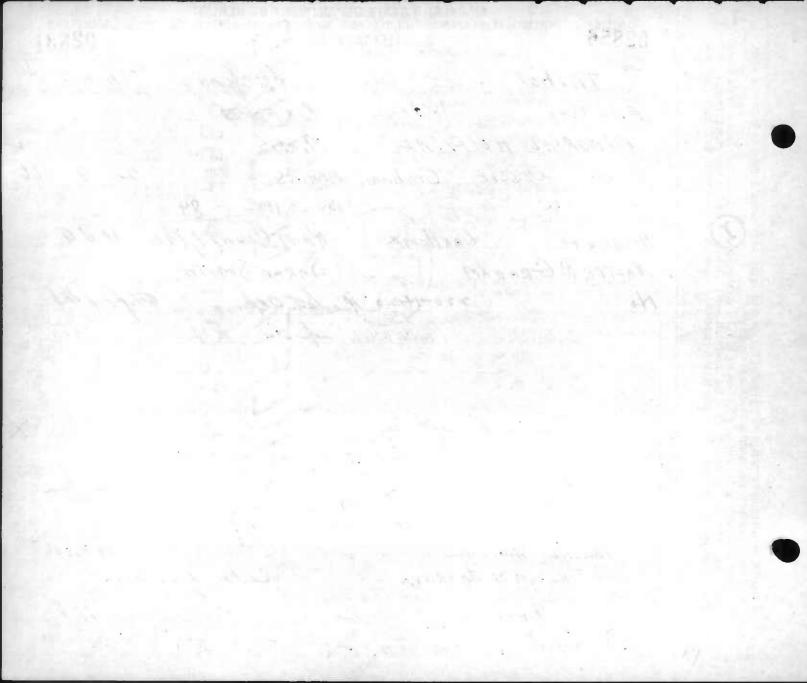
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02856
CERTIFICATE OF DEATH

	OLKIII IOAI	L OI DEMIII	U 6001
1.	PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If Institution:	Residence before admission)
m	e. COUNTY	a. STATE / b. COUNTY	
	/A/DO/ MARYLAND	1/ACYLAND /A	1601
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RUR.	AL end give nearest town)
	EASTON 18days	D4 5-07	201
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	444	u. SIREEI ADDRESS	ON A FARM?
	MEMORIAL HOSPITAL	MARRIS	YES NO L
3.	NAME OF First Middle	Last   4. DATE Month	Oay Year
	Type or print) OESSIE Graham	OF OF	0 11
-	DEV.	HOKINS DEATH 2	9 1966
3.	7. MARRIEO NEVER MARRIEO	last hirthday) beauth	ER 1 YEAR IF UNDER 24 HRS.
	+ WIDOWED DIVORCED	APRIL 3, 1882 94 yrs. Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
dui	ring most of working life, even if retired) INOUSTRY	110 110-1	COUNTRY?
	MOUSEWIFE OUNTOME	MENT COUNTY, MD	0.4
13	. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	WAITER A PORKAM	DADAM POMITH	
15	5. WAS DECEASED EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
(Y	es. no. for unkown) (If yes give war or dates of service)	Address A.	1 . 74/
	No 20-44-5:0 M	intelliged determ with	no me
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
		Which PII	ONSET AND DEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)  Pullu lin l	aspending PLAL	4xm
	7040 DUE TO		
	Cenditions, If any, which (b)		
	gave rise to immediate (		
	cause (a), stating the DUE TO		
-	underlying cause last. (c)		
CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY
SA	tractina left lich.		PERFORMED?
E	20a. ACCIDENT WAS UNDERLYING     20b. DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of Injury In Part I or Part II of Item :	
RT	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CAUSE OF OFATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	- 6	10.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	- Rome 22 pm 66	
MEDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA		ounty) (State)
ă	While While	ory, street, office bldg., etc.)	lan land
Σ	p.m. 22 /2 19 46 at work at work	Home 19th	
	21. I certify that (I) (this hospital) attended the deceased from	12 per 19 88 to 9 F28 14	that (I) (we) last
	OT.6	t death occurred at la 5 M, from the causes and on	the date stated above.
	22a. SIGNATURE	22b.	OATE SIGNEO
	Much Wassin	ATTENOING MED. STAFF	· o Felle
	m.L	7. Till 5. Car bikestok a Till 6.	0 / 22 6 4
	NAME (Type) , HODED AL THREE	22d. AOORESS	
	NAME (Type) / HU17572 N TARRISON	Carthe, Mary Land	
238		Y OR CREMATORY   23d. LOCATION (City, town or	county) (State)
	REMOVAL/(Specify)		m
-	July 17,66 Varon	- Hallsburg	1/4
24	FUNDRAL DIRECTOR ADDRESS		R'S SIGNATURE
	Hall back Contain I	DATEFR 14 1968 Achian	les judge
	cult.	CA INVELD 4 1000 W	(1)



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defiting the contraction of the state o

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						
		E OF DEATH U28	32				
1.	PLACE OF DEATH a. COUNTY  1 4 1 b c 7  MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: Residen a. STATE Maryland b. COUNTY Dorche	,				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	give nearest town) 9 - 2				
	d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. Street address  Tayler Avenue	e. IS RESIDENCE ON A FARM? YES NO				
3.	NAME OF DECEASED (Type or print) STEVEN Fluxod	Andrews   4. Date   Month   Date   Pebruary 2	23 19 66				
I	Male White WIOOWED DIVORCED	8. DATE OF BIRTH  Dec. 14, 1881  9. AGE (In years   IFUNDER 1 YEA   last birthday)   Months   Oays					
dur	a. USUAL OCCUPATION (Give kind of workdone Ing most of working life, even if retired)  Broker  10b. KIND OF BUSINESS OR INOUSTRY INOUSTRY Insurance	11. BIRTHPLACE (County & State, or foreign country) Hurleck, Maryla nd	JSA				
13.	Joseph Bensen Andrews	14. MOTHER'S MAIOEN NAME Mary Todd					
15 (Ye		r. Phipip S. Andrews, Hurlock, Man	ryland				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  OUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the OUE TO	0 + 0 · 0	ncertain				
CERTIFICATION	underlying cause last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELY  Hypostatic preumonia.		WAS AUTOPSY PERFORMEO?				
	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCUOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)					
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20e. PLA factor 20d. INJURY OCCURRED 20d	ACE OF INJURY (Home, farm, 20f. (City or town) (County) ory, street, office bidg., etc.)	(State)				
	21. I certify that (I) (this hospital) attended the deceased from						
	22c. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D.	22d. ADORESS Easton, Maryland					
	Burial (Specify)   Feb 26, 1966   Unity Washing	gton Cemetery Hurlock, Maryland	(State)				
24	FUNERAL DIRECTOR AOORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE				

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se Sp. 1. Unions, Mr. Phiple I. Andrews introck, Maryland

origin . Teh 26, 1966 Holly Mashington Cenetery Harlook, berghand

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY ges 1 after after MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours write RURAL and give nearest town) hours GRASON VIILE EASTON 프 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled ON A FARM? YES within letely completely ve carbon NAME DE First Middle Last 4. DATE Month Day DECEASED (Type or print) LE DEATH 1966 and con 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Oays | Hours | Min. 8. OATE OF BIRTH 9. 7. MARRIEO NEVER MARRIED Months | Oays any 13.18 WIDOWEO DIVORCED yrs. = 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please during most of working life, even if retired) -INDUSTRY COUNTRY? and OP AD E removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME SSAC 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: Rell der llage attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. has 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY After this certificate h d be detached for use State Dept. of Health use for use Health PERFORMED? hospital or 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. OESCRIBE HOW INJURY OCCURREO, (Enter nature of Injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While p.m. at work at work retained oirector: An age 3 should filed with the S 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 10 saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE DATE SIGNED ATTENDING STAFF PHYS. page M.O. PHYS. DIRECTOR Page 4 may HOSPITAL TO FUNERAL PHYSICIAN'S 22d. AOORESS 22c. director, p should be NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) urial FUNERAL DIRECTOR ADDRESS 25b. 25a. REC'O BY REGISTRAR REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

NO

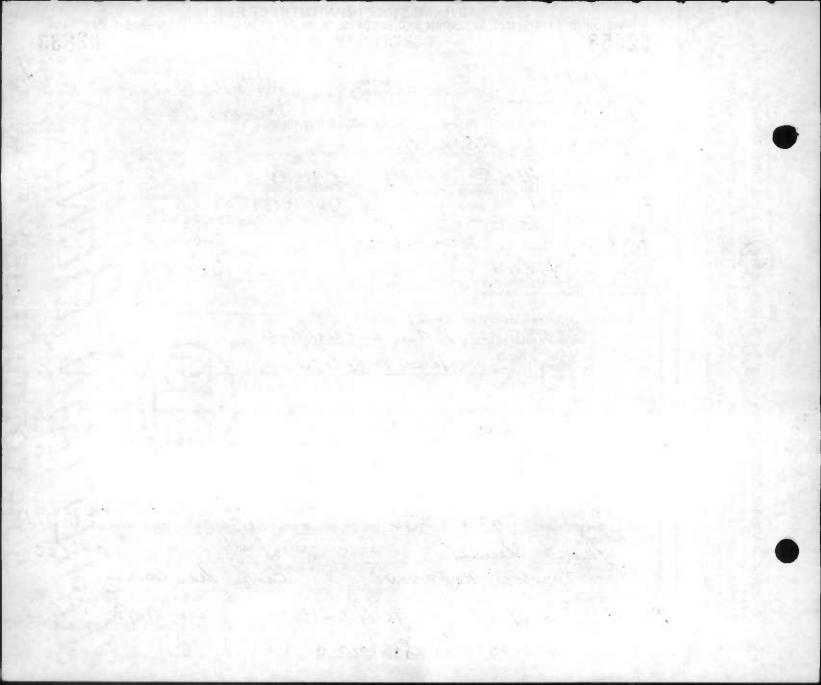
NO

(State)

(State)

Year

A15 (4) 1/65



FOR STATE HEALTH DEPT.

O DEPUTY MEDIUM EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UZOJJ MEDICAL EXAMINER'S	CEKTIFICATE OF DEATH	16004				
1.	PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
	Talbot MARYLAND	a. STATEMaryland b. COUNTY Talbot					
	b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
	write RURAL and give nearest town)	C .	22-1				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE				
			ON A FARM?				
	Marshall's Nursing Home	Aurora Street	YES NO LA				
3.	DECEASED	Last 4. DATE Month	Day Year				
1	(Type or print) Henrietta Bartlett	DEATH 2	/10/1966				
13	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER:	Days Hours   Min.				
17	emale White WIDOWED OIVORCEO	7/3/1871 94 yrs.	Days Hours will.				
10	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR ring most of working life, even if retired)   INDUSTRY		TIZEN OF WHAT				
uu.	ring most of working life, even if retired) INDUSTRY	Talbot (o Maryland U.	UNTRY?				
13		14. MOTHER'S MAIDEN NAME					
	sun han at	Henrietta Kirby					
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address					
	as me as anthony \ \dagger \da	s. Maggie Willey, Cambridge,	Mela				
-		S	INTERVAL BETWEEN				
13	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),  PART I. DEATH WAS CAUSED BY:	(bn#+)	ONSET AND MEATH				
	794 × IMMEDIATE CAUSE (a) In MINITOR (OU -)						
	DUE TO ASE + Auch A habitett						
	gave rise to immediate (b)						
	cause (a), stating the DUE TO						
	underlying cause last. (c)						
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
CAT	hrkethih - 2-	3 Who kgo	YES NO				
CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.	)				
8	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.						
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,   20f. (City or town) (Cou	nty) (State)				
Hour a.m. While Not While factory, street, office bldg., etc.)							
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, ar							
							death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER   22. DATE SIGNED						
	SIGNATURE X WWW / J WOLY	M.D. ASSISTANT MEDICAL EXAMINER	22, DATE STORED				
	EXAMINER'S INFITUO	DEPUTY MEDICAL EXAMINER	7-11-66				
_	NAME (Type)	Address (Street, city, town, or county)					
	a milestate (a16.)	Y OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)				
1	Burial 2/12/1966 Spring Hill	l Caston, Md.					
24	4. FUNERAL DIRECTOR ADORESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'	S SIGNATURE				
3	MAURICE E. NEWNAM & SON, Easton, Md.	OFFEB 14 1966 Milliante	Judge				

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages Y and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, in this any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02860	CERTIFICAT	TE OF DEATH	02835
1.	PLACE OF DEATH a. COUNTY TO LOO T	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: In a. STATE Kentucky	Residence before admission) Pike
	b. CITY OR TOWN (If outside corporate write RURAL and give nearest town)	e limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAI	
	Memorial or institution	N (if not in hospital, give street address	d. STREET ADDRESS  RFD	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	nes Monroe	Blevins 4. DATE Month OF DEATH 2	Day Year 10 -19 66
m	rale white	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 4/6/1890  9. AGE (In years IFUNDER last birthday) 75 yrs.	Days Hours Min.
dur	a. USUAL OCCUPATION (Give kind of work do ring post of working life, even if retired) Lines. FATHER'S NAME	) INDUSTRY	Pike Kentucky	OUNTRY?
	Matt Blevins  . WAS DECEASED EVER IN U.S., ARMED FOR		14. MOTHER'S MAIDEN NAME  Sarah Mullins	
Ye	es, no, or unkown) (If yes give war or dates of s	service) unkn.	Mrs. James M. Blevins, Ridgley	to Md.
N	cause (a), stating the underlying cause last.	(a) Congestive.	heart failure ratic heart disease	INTERVAL BETWEEN ONSET AND DEATH
EKILLICATIO	2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SURRED. (Enter nature of Injury in Part I or Part II of Item 18	YES NO NO
MEDICAL	20c. TIME OF INJURY Month, Day, Ye Hour a.m. 19	ear   2Dd. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Colory, street, office bidg., etc.)	unty) (State)
	saw the deceased alive Dn	1 Thomas	at death occurred at 53 AM, from the causes and on t	the date stated above.  OATE SIGNED
3a. 24.	Burial 2/12/	1966 Johnson Men	nonial Park Pikeville, Ky. 125a. REC'D BY REGISTRAR 25b. REC'STRAR	'S SIGNATURE
11	Paudias & Mar Ma	and Jana Emite	m M. EFR 15 1000 Ochow	a Julas.

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02861 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY delay is Page and 3 to 0 MARYLAND deat State Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b carporate limits, write RURAL and give neorest P.M3. write RURAL and give nearest town hours after aston d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? in pencil in Item 18. Give Pages 1, Office alang with farm YES NO This certificate shauld be executed within 24 haurs after death. NAME OF Middle Lost 4. DATE Month Year DECEASED OF the 19 (Type or print) DEATH SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED AGE (In years last Months Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF, WHAT pages land during most of warking life even if retired). COUNTRY ? Ploved dny the Chief Medical Examiner's HER'S NAME 14. MOTHER'S MAIDEN \_ File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, na, or, unknawn) ((If yes give war ar dotes af service remayal pending" 18. CAUSE OF DEATH (Enter only one cause per line-for (a), (b), and (c).) INTERVAL BETWEEN burial-transit hocket amosthesia PART I. DEATH WAS CAUSED BY ONSET AND DEATH WICA P IMMEDIATE CAUSE (o) writing the ward crematian. DUE TO Conditions, if any, which gave 4 should be farwarded to rise to immediate cause (a) DUE TO 0 stoting the underlying cause SD burial, used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION necessary, please execute the certificate. NO 10 20g. EXTERNAL CAUSE WAS prior DESCRIBE HOW, INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 3 shauld PRIMARY ar CONTRIBUTING AL EXAMINER: CAUSE OF DEATH agent, 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur a.m. While Not While factory, street, affice bldg., etc.) may be retained far yaur FUNERAL DIRECTOR: Page the funeral directar. Page at wark at wark its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Noturo couses Accident Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health ar i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type Address (Street, city, tawn, or county) BORIAL, CREMATION, 23b. DATE THEREOF OF CEMETERY OR 23d. LOCATION (City or Town) 50 FUNERAL DIRECTOR 2So. REC'D BY 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH shoutd uneral 1. PLACE OF DEATH 2 IISHAI, RESIDENCE (Where deceased lived If institution, Residence before edmission) a. COUNTY Talbot o. STATE Marvland. b. COUNTY Talhot \$7± MARYLAND pue deat > b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) -EASTON Pages day S filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) A STREET ADDRESS e. IS RESIDENCE hours a ON A FARM? completely papers. YES [ NOT 3. NAME OF Firet DECEASED 66 GILBERT within (Type or print) 19 rbon 5. SEX R DATE OF BIRTH 9 AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED pue last birthday) Months Hours MAT.F NOBEMBER 35, 18 certificate WIDOWED T DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 RIRTHPLACE (County & State, or foreign country) done during most of working life, even if ratired) DAIPHTALBOT COUNTY, MT. RETIRET please \_ 13. FATHER'S NAME attending HOPKINS SUSAN Then 'emoval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17 INFORMANT (Yes, no, or unkown) | (Ifves give werer dates of service) EASTON-MD, permit. þ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN 0 ONSET AND DEATH signed PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) burial-transit DUE TO attending Conditions, if eny, which gave rise to immediate cause DUE TO (a), steting the undarlying PHYSICIAN: the hospital or this certificate ha cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(\*) 19. WAS AUTOPSY 5 8 CERTIFICATION PERFORMED? r use a YES NO F for 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) After this Health OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm. 20f. (City or lown) (County) (State) retained ò fectory, street, office bldg., etc.) While Hour a.m. Not While may be reconstructed by the desired at work et work Dept 22e. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF Raport W. Trooper FUNERAL page with th HOSPITAL DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS filed v NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) る寺る SPRING HILL CEMETERY EASTON 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician pact completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temple carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

PLACE OF BEATH a. COUNTY  To be control of the wise represent town)  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Preston  d. NAME OF ORSPITAL OR INSTITUTION (if not in hospital, give street address)  D. COLOR OR RACE 7. MARRIEO NEW TOWN (if outside corporate limits, write RURAL and give nearest town)  Preston  d. STREET ADDRESS  ON A FARMIN  PRESTON  3. MAME OF OBSECTASED (Type or print)  S. SEX  G. COLOR OR RACE 7. MARRIEO NEVER MARRIEO NOWED OF BUSINESS OR  HITTER WAS COULD'S IN COUNTY  Farmer  102. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  103. WAS OCCUPATION (Give kind of work done during most of working life, even if relired)  104. WHO OF BUSINESS OR  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Farmer  13. FATHER'S NAME  L. Clayton Carroll  14. MOTHER'S MAIDEN NAME  L. Clayton Carroll  15. WAS OCCUPATION (Give kind of working life, even if relired)  No. WIND OF BUSINESS OR  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT COUNTRY?  Farmer  13. FATHER'S NAME D. COOK, Federalsburg, Md.  14. MOTHER'S MAIDEN NAME  L. Clayton Carroll  15. WAS OCCEASED EVER IN U.S. ARMED FORCES? (Ver, me, or unknown) ((1) years the marking the mind in mind the server in the mind the server in the marking the mind the server in the server in the mind the mind the mind the mind the mind
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)    Memoria
Newton Road
DECEASED (Type or print)    Carroll
Sex   G. Color or Race   T. Marrieco   Never Marrieco   S. Oate of Birth   S. Oate of B
Male White WHOWED OVORCED February 6,1910 56 yrs.  103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Farmer Caroline County & State, or foreign country)  Farmer Caroline County, Md.  11. BIRT HPLACE (County & State, or foreign country)  Farmer Caroline County, Md.  12. CITIZEN OF WHAT COUNTRY?  Farmer Caroline County, Md.  13. FATHER'S NAME  L. Clayton Carroll  14. MOTHER'S MAIDEN NAME  Sallie E. Poole  15. WAS OCCEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (Iflyes give war or dates of service)  No.  18. CAUSE OF DEATH LEnter only one cause per line for (a), (b), and (c) I was a manufacture of the cause of the cause (a). The country of the cause (a) and the cause (a) between the cause (a) stating the underlying cause last.  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?? YES NO.  20. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (FETHER, NOTIFY MEDICAL EXAMINER)  20. TIME OF INJURY Month, Oay, Year ADD CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?? YES NO.  20. TIME OF INJURY Month, Oay, Year ADD COUNTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?? YES NO.  20. CIME OF INJURY Month, Oay, Year ADD COUNTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?? YES NO.  20. CIME OF INJURY Month, Oay, Year ADD COUNTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.  20. CIME OF INJURY MONTH, Oay, Year ADD COUNTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO.  20. CIME OF INJURY MONTH, Oay, Year ADD COUNTRIBUTING TO OEATH BUT NOT RELATED TO TH
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Farmer Farm Caroline County, Md. U.S.A.  13. FATHER'S NAME  L. Clayton Carroll  Sallie E. Poole  15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give war or dates of service)  NO  16. SOCIAL SECURITYNO. IT. INFORMANT Address Mrs. Martha E. Cook, Federalsburg, Md.  18. CAUSE OF DEATH [Enter only one cause per line for (a), (a), and (cl. informant in the service) service) out the county of the information
L. Clayton Carroll  Sallie E. Poole  15. WAS DECEASED EVER IN U.S. ARMED PORCES? (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Ifyes give war or dates of service) (Yes, no, or unknown) (Yes, no, or unkn
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No   Mrs. Martha E. Cook, Federalsburg, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] brillation. Right ventricular for set and death minutes  PART I. OEATH WAS CAUSEO BY:  IMMEDIATE CAUSE (a)  Dilatattion  OUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. of Item 18.)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. of Item 18.)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  20c. TIME OF INJURY MONTH, Oay, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.)  While Not While at work
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Hour a.m. While Not While p.m. 19 at work at work
\( \)
21. I certify that (I) (this hospital) attended the deceased from 6/10, 197, to 2/8/00, 19, that (I) (we) last
saw the deceased alive on 2/8/65 19 , and that death occurred at 2 M, from the causes and on the date above.
1 22a. SIGNATURE V
Transport M.O. ATTENDING DO MEO. STAFF 2/9/66
22c. PHYSICIAN'S 22d. AOORESS
NAME (Type) Harold B.Plummer Preson Mary; and
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 2/12/66 Junior Order Cemetery Preston, Maryland
24. EUNERAL DIRECTOR AOORESS   25a. REC'D BY REGISTRAR'S SIGNATURE
Frampton Francial Home Frederalshy morate B 16 1966 Pelianles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, II institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Caroline after ses 1 after the MARYLAND Pages b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Page nin 72 hours a py write RURAL and give nearest town) hours Rural Greensboro Ξ filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS None ithin within completely carbon 3. NAME OF DATE Middle Last Month Day DECEASED OF DEATH remove card n any event, (Type or print) executed SEX 6. COLOR OR RACE | DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HR\$ 8. 7. MARRIED NEVER MARRIED last birthday) | Months | Days 12-18-1898 and WIDOWED DIVORCED Male White = 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician ease Farming during most of working life, even if retired) COUNTRY? Maryland USA death certificate 0 removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Carter Virginia Satterfield 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address transit permit. (Yes no, or unkown) (If yes give war or dates of service) Agnes Carter Greensboro, Maryland 0-34-9260 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN -transit requires that the ONSET AND DEATH è PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) n signed l burial-tra burial, cr DUE TO Cenditions, If any, which (b) been rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use certificate CERTIFICAT 0 PHYSICIAN: this cerum detached for 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part | or Part |I of Item 18.) 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (County) be de State Not While factory, street, office bldg., etc.) Hour a.m. After Id be d ATTENDING p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from . to. 19 that (I) (we) last shoul DIRECTOR: .19 66, and that death occurred at 22MM, from the causes and on the date stated above. 3 sho saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING STAFF DIRECTOR M.D. PHYS. O HOSPITAL FUNERAL PHYSICIAN'S director, p 22d. ADDRESS NAME (Type) Page BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 Burial Specify) 2-8-66 Greensboro Greensboro | REGISTRAR

ADDRESS

A. IS RESIDENCE

YES NO

Year

1966

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REC'D BY REGISTRAR

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PERFORMED?

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## FOR STATE HEALTH DEPT

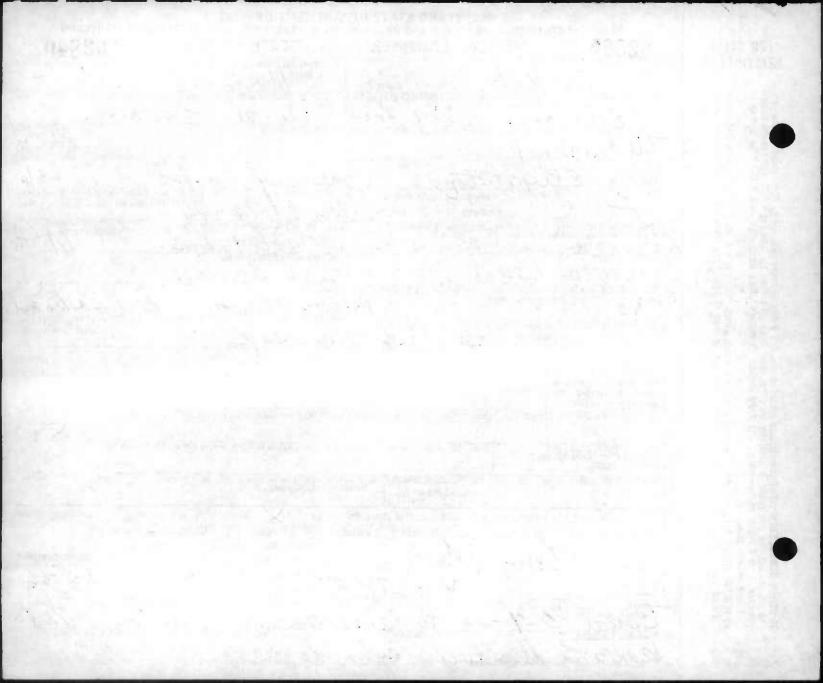
1/65

TO DEPUTY MEDICAL, EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, alk 1 any event within 72 hours after death. EVE pages 1 and 2 with the State Department a like pages 1 and 2 within 72 hours after death. VR AISME (5)

		Division of STATISTICAL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
		02865 MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH	02840
	1.	a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Real a. STATE MARYLA AIVA b. COUNTY	2/20+
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give/hearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
7	,	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO W
	3.	NAME OF DECEASED (Type or print) & Luya Lotta Middle	Last 4. DATE Month OF DEATH Fe 6.	Day Year / 1966
	5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. WIDOWED   DIVORCED   1	DATE OF BIRTH  OK. 13, 1916  9. AGE (In years IF UNDER last birthday)  47 yrs.  Months	YEAR IF UNDER 24 HRS. Days Hours Min.
	dur	a. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR ring most of working life, even if retired) NDUSTRY  A DORE R	TALbot, Md. CO	TIZEN OF WHAT UNTRY?
	13.	FATHER'S NAME  ARENCE BRUIN	14. MOTHER'S MAIDEN NAME  TINA DENSON	,
		5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. IN ces, no, or unknown) (If yes give war or dates of service)	NFORMANT Address	Partir Ful
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	De la	INTERVAL BÉTWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CONTROL NEW	nortuge	ONSET AND DEATH
		Conditions, If eny, which (b)		
		gave rise to immediate cause (a), steting the underlying cause lest.		
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED? YES ND
)		2Da. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	RED. (Enter nature of injury in Part I or Part II of Item 18.	
	MEDICAL		E OF INJURY (Home, farm, 20f. (City or town) (Cou , street, office bldg., etc.)	nty) (State)
		21. I certify that i took charge of the remains described above, held		and in my opinion
		death resulted from: Natural causes , Accident , Suici	ide, Homicide, Undetermined manner	
		ACTUAL SIGNATURE Louis Wilty	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
1		EXAMINER'S WELTH	Address (Street, city, town, or county)	27-66
	232	Simal 2-7-66 Richards	DR. CBEMATORY 23d. LOCATION (City, town or country)  Control  25d. REC'D BY REGISTRAR 25b. REGISTRAR	md.
	1	James B. Washell Carton	Med. DAFEEB 8 1956 Jelianle	es Judge

MARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION	N OF STA	TISTICA		YLAND STATE DE ARCH AND RECORDS	, 301 W. PRESTO	N STREET		E 1, MARYI	AND
	UZUNU	)			CERTIFICAT	E OF DEATH			14040	
1.	PLACE OF DEATH					2. USUAL RESIDENC	E (Where dece			before admission)
-	a. COUNTY	Talbox	2		ALADAM AND	a. STATE Ma	ruland	b. COUNT	Talbox	
_	b. CITY OR TOW			limite	MARYLAND  I c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If	4	orate limits write		ve nearest town)
	Write RURAL	and give nea	arest town)	illinits,	C. ELITOTI OF STATEM 1D	C. CITT OR TOTAL	/	. 1	None and S.	1
	rura		ton		30 years	Caston	rura	4)	2	7
	d. NAME OF HOS	SPITAL ÖR IN	STITUTION	(if not in b	ospital, give street address)	d. STREET ADDRESS				ON A FARM?
3.	NAME OF		Firs	t	Middle	Last	4. DATE	Month	Day	Year
	(Type or print)	Goo	nne H	1: 1 100	Fisher		DF DEATH		2/28	1966
5	SEX I	6. COLOR O	-0-	. MARRIED	17	8. DATE OF BIRTH	19.	AGE (In years   II		IF UNDER 24 HRS.
	Male	White		WIDOWED	NEVER MARRIED DIVORCED	7/11/1914			lonths Days	Hours   Min.
102	a. USUAL OCCUPAT	ION (Cive king	d of work do	ne 10b. K	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	ounty & State,	or foreign country)	12. CITIZEN	OF WHAT
,	Farmino		II rojiiou)		NDOSIKI	lioga (o	Pa		COUNTRY	•
13.	FATHER'S NAM					14. MOTHER'S MAID	EN NAME			
	Matthe	(1) Z	icha	gartie.		Gentru	do Han	nia		
15	. WAS DECEASED				SOCIAL SECURITY NO.   17.	INFORMANT	we 11000	Address		
	es, no, or unkown)			ervice)	. 4:		T . 1	C 1	M I	7.8
	no			6	12-12-3982 Mr	s. George W	. Fish	er, Cora	ova, Md	
			-	cause per l	ine for (a), (b), and (c).1		1 1	, ,	INTE	EVAL BETWEEN
	PART I. DE	ATH WAS CA	USED BY:	pro.	nihogenie Co	curlinosha	of le	fr lesson	6	ET AND DEATH
	162	1	DUE TO				1	0		
	Conditions, If	any, which								
	gave rise to		(1:							
	cause (a), st	***	DUE T	0						
2	underlying caus		) ((				LOTIOT COMP	NEW CONTRACTOR OF THE PARTY OF	ART 1(a)   19.	WAS AUTOPSY
2	PARTII. OTHERS	CONFICANT	CONDITION	SCUNTRIBE	UTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL D	ISEASE CONL	JITION GIVEN IN P	4K1 I(a) 119.	PERFORMED?
3	arter	isoclo	76%	2 100	nkillsouplu	, Klinch	elly	Than	MU YE	S NO
CEKIL	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERING CAUSE	LYING  OF DEATH L EXAMINE	20b. R)	DESCRIBE HOW INJURY OCC	DRRED. (Enter natural of	In]ury In Pa	rt or Part II of	Item 18.)	
AL	20 TIME OF	NJURY Mon	th, Day, Ye	ar   20d. I	NJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, fa		City or town)	(County)	(State)
	Hour a.n	1000	3	€ While	Mot While	ory, street, office bldg., e	tc.)			
p.m. 19   at work   at work										
	21. I certif	y that*(I) (t	his hosp	tal) attend	ed the deceased from	chur, 1	, 10/	ev co		nat (I) (we) last
	saw the de		e on /	10. 20	1900, and tha	t death occurred at	M, fro	m the causes a		
	22a. SIGNATO	unt	Lea	lew	e M.i		MED.	STAFF .	Harch	INED 1966
	22c. PHYSICIA NAME (T)		87	LE	DERER	22d. ADDRESS	EEN	ANN	E	40.
238	BURIAL, CREM	ATION, 23b	DATE TH	iereof	23c. NAME OF CEMETER			cation (city, tow	n or county)	(State)

25a.

REC'D BY RECISTRAR

25b.

REGISTRAR'S SICNATURE

VR AIS (4) 20M 1/65 24. FUNERAL DIRECTOR ADDRESS MAURICE E. NEWNAM & SON, Easton, Md.

50881 501.5 1.000 in sinch insul star Course porce ilmon issue 11/11/11/11 lieve or the 312000 and the series raities, resting 272-122.722 ms. conce ... isites, or or, i.e. monde gene consusors of left long to their arterinclosetiz Parkinsonou, Kliniper Syntron March 1, 14h QUEEN ANNE MY KURT LEDERER Rested 2/1776 Constant Separtic ante gastar, et.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. funera and 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY after the f MARYLANO carbon papers. Pages I c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b J-101 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO executed within NAME OF DECEASED 3. First Middle Last 4. DATE Month Oay 2 (Type or print) DEATH 19 66 compl AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE OATE OF BIRTH 8. 0 7. MARRIED NEVER MARRIEO last birthday) Months | Days Hours E S DIVORCED WIDOWEO Sician lease T 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRYL PETIRED F attending physic ermit. Then plea certificate MOTHER'S MAIDEN NAME remova 0 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? transit permit. 16. SOCIAL SECURITY NO. 17. RURA death (Yes, no, or unkown) | (If yes give war or dates of service) the s been signed so, is the burial-transit prior to burial, cremati INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the ONSET AND DEATH PART I. OEATH WAS CAUSED BY: DAY attending physician. IMMEDIATE CAUSE (a) DUE TO YRS Conditions, If any, which (b) rise to immediate OUE TO cause (a), stating the prior underlying cause last. as CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY use for use Health PERFORMED? certificate the hospital or NO this cerum detached fo 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part i or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State I factory, street, office bldg., etc.) CTOR: After should be d Hour a.m. Not While ATTENDING at work at work p.m. retained 21. I certify that (I) (this hospital) attended the deceased from 2 - 24 2-24 the DIRECTOR: age 3 should led with the and that death occurred at QM, from the causes and on the date stated above. saw the deceased alive on OATE SIGNEO 22a. SIGNATURE STAFF PHYS. ATTENDING 25-10 page OIRECTOR M.D. PHYS. O HOSPITAL PHYSIC/AN'S AOORESS FUNERAL TO FUNERA director, should be Carney NAME (Type) tephen p. Easton. Maryland NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town or county) BURIAL GREMATION. 23b. REMOVAL (Specify) 25a. RECID BY REGISTRAR REGISTRAR AOORESS 25b. VR A15 (4) 20M 1/65

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY TALBOT MARULANT MARYI AND by the Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and atvo nearest town) c. LENGTH OF STAY IN 1b hours EASTON days 드 e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) within 72 203 DOVER ST NO P YES completely i within DATE Month NAME OF First Middle DECEASED event. DEATH 19 (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. and con 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED 21. DIVORCED T WIDOWED 26 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ician during most of working life, even If retired) LNDUSTRY COUNTRY? certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GELDS BORELIGH CARROLL MARIA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) MRS. MALCOLA the INTERVAL BETWEEN has been signed by the as the burial-transit phe prior to burial, cremati 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) **OUE TO** Cenditions, If any, which gave rise to Immediate DUF TD cause (a), stating the underlying cause last. WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health for use Health PERFORMED? CERTIFICAT ND V 20a. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After d While Not While ATTENDING retained by n.m. at work at work that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. DIRECTOR: age 3 should led with the 1966, and that death occurred at 105 M, from the causes and on the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. page DIRECTOR Page 4 may director, pay 22d. ADDRESS PHYSICIAN'S NAME (Type) M. D. Easton, Maryland 23d. LOCATION (City, town or county) BURIAL CREMATION, REMUVAL (Specify) 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY (State) SPRINGHILL GENETERY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR VR A15 (4)

20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

Managara and II Market Company of the TE OF STREET, IC BOSHER PLEASE STREET, TO BURY --THINKIS CHERT GOLDS DERBUGH STORING WILLIAM THE WALLDAND COPIES - SEPTEMBER AND Report of the form of the Control of STRANSBOR WATERS - PROTEIN DIRECTOR OF BUILDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02869
CERTIFICATE OF DEATH

		-			
1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Reside a. STATE b. COUNTY Talb	ence before admission)			
b. CITY OR TOWN (if outside corporate limits, write RURAL and, give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)			
Easton (rural) Liletime	Easton (rural) 20	1 - /			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO			
3. NAME DF BECEASED (Type or print) Pency Alton Gregory	DF DEATH 2/8	Year 166			
5. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YE last birthday)   Months   Day				
male write WIDOWED DIVORCED	9/25/1902 63 yrs.				
10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT IRY?			
Bridge operator State of Md.	Talbox Maryland USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER-IN U. SAMME FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANI AND PAGE 1868 . The				
(Yes, no, or unkown) ((If yes give war or dates of service)	10 Dox 511				
	s. P. Alton Gregory, Easton, Md				
PART I. DEATH WAS CAUSED BY:	1.1.1.0	NTERVAL BETWEEN DNSET AND DEATH			
4201 IMMEDIATE GAUSE (a)		1 min.			
Conditions, If any, which ) OUE TO atherosclero	tic heart disease	several vears			
gave rise to Immediate		1			
cause (a), stating the underlying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONT	ALED TO THE LEMMING STOCKOR SOLD THOU STOCK THE TANK X/4/	9. WAS AUTOPSY PERFORMED? YES NO			
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)				
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ACE OF INJURY (Home, farm,   20f. (City or town) (County) ory, street, office bidg., etc.)	(State)			
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	ny, street, unice bing, etc.,				
21. I certify that (I) (this hospital) attended the deceased from Sept. 23, 1963, to Feb. 8, 1963					
saw the deceased alive on Febra 1966, and that	t death occurred at M, from the causes and on the d				
hale Ktolling M.C	D. ATTENDING MED. STAFF DIRECTOR PHYS. DIECO,	8,1966			
1 22c. PHYSICIAN'S NAME (Type) Dale R Kollman, M.	12 N. Hanson Sti; Euse	ton, Md.			
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, fown or county)	(State)			
Durial   2/10/1900   Spring Hill	l Easton, Md"	ONATURE			
24. FUNERAL DIRECTOR ADDRESS'	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI				
MURICE E. NEWHAM & SON, Easton, Md.	DATE B 1 1 1956 Schanles	udge			

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Talbot ges 1 after Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) hours Tilghman aston 5 our d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? relat orland YES within etely completely ve carbon NAME DE DATE First Middle Last 4. Month Day Year DECEASED 2 event, (Type or print) 6 add acuay DEATH 19 66 AGE (In years | IF UNDER 1 YEAR) | last birthday) | Months | Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 0 Mele 189 WIDOWED [ DIVORCED June 23. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Ret. Janiter Maint. Talbet Co., Maryland USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thei he attending permit. The James E. Haddaway Annie May Bassett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 10 death (Yes, no, or unkown) (If yes give war or dates of service) cremation. Clifton Haddaway 213-10-065917 ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c). by I-transi PART I. DEATH WAS CAUSED BY: attending physician. been signed the burial-transor to burial, cri IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TD (a), stating the cause as th underlying cause last. PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY r this certificate h detached for use te Dept. of Health r for use PERFORMED? CERTIFICAT YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State factory, street, office bldg., etc.) After Ald by Hour a.m. While - Not While p.m. at work at work retained 21. I certify that (I) (this hospital) attended the deceased from. OIRECTOR: age 3 should led with the M, from the causes and on the date stated above. saw the deceased alive on. 19 @ and that death occurred at 221 SIGNATURE DATE SIGNED page ATTENDING STAFF M.D. DIRECTOR PHYS. may HOSPITAL FUNERAL PHYSICIAN'S 22c. 22d. ADDRESS director, p NAME (Type) 2-28-66 Michaels. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 234. (City, town or county) (State) EMDVAL (Specify) Tura FUNERAL DIRECTOR ADDRES REC'D BY REGISTRAE 25b. REGISTRAR'S SIGNATURE

ND X

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(State)

VR A15 (4) 20M 1/65

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70 death. and after hours filled 72 within within etely completely ve carbon event, 1 executed be certificate гетоуа permit. 0 cremation, a) that the for use Health certificate PHYSICIAN: the DIRECTOR: age 3 should led with the page HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Marvland Caroline MARYLANO. b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Federalsburg ASTON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO Z 3. NAME OF Middle Last DATE Month DECEASED (Type or print) DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS last birthday) | Months | Oays May 21, 1910 White WIDOWED DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) Caroline County, Md. Unemployed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William R. Handy Sallie Russell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) None Mrs. Ollie Tinker, Georgetown, Dela. R.F.D. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed than the purial transition to burial, creminal to burial, creminal to burial to buri ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Care IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO PO this cerus detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, I (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work \_ at work 1966 to 8 tel 14406 21. I certify that (I) (this hospital) attended the deceased from. 1966 and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. OATE SIGNEO /uuis OIRECTOR PHYS. 22c. PHYSICIAN'S FUNERAL 22d. ADOKESS director, p TAIRRISEN BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Federalsburg, Hill Crest Maryland Burial 24. FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A.15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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any delay is

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND STATE DEPARTMENT OF HEALTH

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1	NZETZ	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	0.6849
	E OF DEATH		2. USUAL RESIDENCE (Where deceased lived,	
a. CO	TALBOT	MARYLAND	a. STATE Maruland	b. COUNTY Talbox
	Y DR TDWN (If autside carparate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If adiside carparate limits,	
W	rite RURAL and give nearest tawn)	45m	Easton	20-1
d. NA	ME OF HOSPITAL DR INSTITUTION (If nat	in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	MEMORIAL	HOSPITAL	412 Goldsboro St	reet YES NO
. NAM DECE		Middle	Last 4. DATE	Manth Day Year
(Type	ar print)	PRRY FIF	PRING-TON BEATH	teb 20 1966
S. SEX	6. COLOR OR RACE	THE VERN MARKINES WA	B. DATE OF BIRTH 9. AGE (In	years IF UNDER 1 YEAR IF UNDER 24 HRS. thday) Manths Days Haurs Min.
. 11011	AL OCCUPATION (Give kind of work done	IDB. KIND OF BUSINESS OR	12/13/1913 52	yrs. 12. CITIZEN OF WHAT
iuring m	ost of warking life, even if retired)	INDUSTRY	Maryland	GOUNTRY?
	HER'S NAME		14. MOTHER'S MAIDEN NAME	asr
		2 500	Lucy (hance	
IS. WAS	Harry Harrington  S DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address
(Yes, no,	or unknown) (If yes give war ar dates af s		ss Lola Harrington,	Easton, Md
1B.	CAUSE OF DEATH (Enter only one cause			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	run un uaxia k	celusion	ONSET AND DEATH
	4201 DUE TO			
	ditions, if ony, which gave ) (b			
stat	ing the underlying cause DUE IC			
last	, ,		THE TENNIN DISTRICT CONDITION OF THE PROPERTY	The live autopsy
NO PAK	I II. OTHER SIGNIFICANT CONDITIONS CON	VIRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
FICAL	EXTERNAL CAUSE WAS	201 DESCRIBE HOW INHIBY OCCURRED	(Enter nature of injury in Part I or Part II of iter	YES ND
PRI	MARY  or CONTRIBUTING  ISE OF DEATH.	200. DESCRIBE HOW INDOX! OCCURRED.	cine native of injury in run 1 or run in or her	11 10.)
- Chu	TIME OF INJURY Manth, Day, Yeor	20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Hame, farm, 2Df. (City ar	tawn) (Caunty) (State)
WEDICAL NO.	Por C.m. HAM 19	While of work at wark	ary, street, office bldg., etc.)	
		of the remains described above, he	ld an Autopsy Inspection .	Inquiry , and in my opinion
	deoth resulted from: Noturol			ined manner
		Must	CHIEF MEDICAL EXAMINER	
	NATURE TONS	Milly	M.D., ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	MINER'S	WELTV	DEPUTY MEDICAL EXAMINER	2-20-66
_	ME (Type)	FOR 100 HAVE OF CENTERS 100	Address (Street, city, tawn, ar county)	
	RIAL, CREMATION, 23b. DATE THERI AND VAL (Specify) 2/22/19	23c. NAME OF CEMETERY OR Greensbore		
<del></del>	VERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
Mr.	110. E. No. 14	EASTER /	WEER 2/ 1966	Milarles Judge

necessory, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY after 601 TAL MARYLAND by the b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) hours 10 days LASTON Ξ Wood d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress, filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? on pap MEMORIAL YES within ely NAME OF First Middle DATE Month Day Year Last DECEASED rner RISON DEATH (Type or print) 1966 tel executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. SEX 6. COLOR OR RACE DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED remoj and WIDOWED DIVORCED Ξ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician ease and in be during most of working life, even if retired) INDUSTRY LERK OR F certificate 13. FATHER'S NAME removal, MOTHER'S MAIDEN NAME attending phormit. Then I INFORMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 the attent permit. 20 (Yes, no. or unkown) (If yes give war or dates of service) cramation, INTERVAL BETWEEN been signed by the the burial-transit or to burial, cremati CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH The law requires that the I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) er this certificate is detached for use ite Dept. of Health for use Health PERFORMED? 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After Id by Hour a.m. While Not While be Stat at work at work p.m. tained 1966. that (I) (we) last the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE page ATTENDING MED. STAFF 11ta666 allen DIRECTOR PHYS. M.D. PHYS. O HOSPITAL PHYSICIAN'S ADDRESS 22c. 22d. FUNERAL irector, property NAME (Type) Cartre PR130N RSTON director should t Page ! BURIAL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF REMOVAL (Specify) 0 25b. 24. **EUNERAL DIRECTOR** ADDRESS REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR ALS

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completely filled in by the funeral cyove carbon papers. Pages 1 and 2 any event, within 72 hours after death.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic director, page 3 should be detached for use as the burial-transit permit. Then plea should be filed with the State Dept. of Health prior to burial, cremation, or removal, an

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

U	6000	OLIN III TOATI	L OI DEATH	·	00001	
	e of DEATH UNTY TALLOT	MARYLAND		E/Where de eased weed, if it b. CDL	nstitution: Residence before admission. UNTY Talbot	
b. CIT	TY DR TOWN (if outside corporate limit rite RURAL and give nearest town)	ts, c. LENGTH DF STAY IN 1b	7		vrite RURAL and give nearest town)	
	Haslon	Idays 8 hrs.		rappe	20-1	
d. NA	ME OF HOSPITAL DR INSTITUTION (IF I	ot in hospital, give/street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES ND	
3. NAME		Middle	C/ Last	4. DATE Mon	th Day Year	
	or print) Marg	GrEJ LAVINA	Harrison	DF DEATH 2	- 10 1966	
5. SEX	6. COLOR DR RACE 7. MA	RRIED NEVER MARRIED	B. DATE DE BIRTH	9. AGE (In years	IFUNDER 1 YEAR   IFUNDER 24 HRS   Months   Days   Hours   Min.	
		DOWED DIVORCED	8/31/1919	46 yrs.	Mondas Days Hours Min.	
during mo	ost of working life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	Darches	ounty & State, or foreign count	ry) 12. CITIZEN DF WHAT	
13. FATH	OUSEWORK HER'S NAME		14. MDTHER'S MAID			
A	Lbert Andrews		Addie F.			
	DECEASED EVER IN U.S. ARMED FORCES? or unkown) [(If yes give war or dates of service		INFORMANT	Addr		
	no	none	Daniel L. 1	Harrison, Tro	ippe, Md.	
18.	CAUSE DF DEATH [Enter only one cause	e per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Museid plugging of the Bronchisto					
C	500 X DUE TO	3	300	1	5	
Cond	itions, If any, which	Lute surul	ent Bron	relities		
	rise to immediate				3	
	e (a), stating the ( )	Status asta	maticu	لم	<b>&amp;</b> '	
	II. DTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN I	NPART 1(a) 19. WAS AUTOPSY	
CAT					PERFORMED?	
E 20a.	ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of	Injury In Part I or Part II		
PART 20a. OR CO (IF E	ONTRIBUTING CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)					
		20d. INJURY OCCURRED   20e. PLA	CE DF INJURY (Home, fa	rm.   20f. (City or town)	(County) (State)	
MEDICAL 20c.	Hour a.m.	While Not While facto	ry, street, office bldg., et			
		at worki				
	L. I certify that (I) (this hospital) a			A V )	, 19, that (I) (we) last	
	w the deceased alive Dn	19, and that	death occurred at	M, Irom the cause:	s and on the date stated above	
220.	Robert W.	Tra-en.	ATTENDING	MED. STAFF	1	
22c.	PHYSICIAN'S	M.D	D. PHYS. L. I	DIRECTOR PHYS.	JI	
220.	NAME (Type)		LEG. NODILEGO			
23a. BUS	RIAL, CREMATION, 23b. PATE THERES	DE . 1 23C NAME DE CEMETERY	OR CREMATORY	23d. LDCATION (City,	town or county) (State)	
RE	10 2/12/196	Spring Hill	OK OKEMATOKI		11-2°	
24. FUN	IERAL DIRECTOR	ADDRESS	l 25a. REC	D'D BY REGISTRAR   25b.	REGISTRAR'S SIGNATURE	

DATE

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The second of th A SECOND CONTRACTOR  within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and confictely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please removes aboun papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depting TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	02876	CERTIFICATI	E OF DEATH	U	2853
1.	PLACE OF DEATH a. COUNTY IA/boT	MARYLAND	2. USUAL RESIDENCE (What a state MAR)	ere deceased lived, If institution:  LAND  COUNTY	Residence before admission)  VERN ANNE
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	CHES	e corporate ilmits, write RURA	17-2
	d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First DECEASEO (Type or print) FAIZAB	ETH ADELI	NE HOXTER	DATE Month OF 2	Day Year 1966
	6. COLOR OR RACE 7. MARRIE WIDOWE	D DIVORCED	B. DATE OF BIRTH SCP1.9-1899	last birthday) Months	Days Hours Min.
dur	SEAMSTRESS	KIND OF BUSINESS OR INDUSTRY	CHESTER 1		COUNTRY? USA
	CARROW HARRI	S	WILHELMINI	A Sewar	RD
	es, no, or unkown) (If yes give war or dates of service)	218-20-6874MI	RS, CHAS, FOI	WLER = WYEll	MILLS MD.
	18. CAUSE OF OEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	gibrillat	ion	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, If any, which gave rise to immediate (b)	cute myor	cardial i	nfarction	< Iday
N	cause (a), stating the underlying cause last.	nteriosele	rotic Rea	at diseases	Unknewn
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				YES NO
	20a. ACCIDENT WAS UNDERLYING   20b. OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			r in Part I or Part II of Item 18	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d.   While   20d.   While   20d.   2	e Not While	CE OF INJURY (Home, farm, 2 ry, street, office bldg., etc.)	20f. (City or town) (Co	ounty) (State)
	21. I certify that (I) (this hospital) atten		death occurred at 6 p	M, from the causes and on	the date stated above.
	22a. SIGNATURE  Robert W. Tru  22c. PHYSICIAN'S	ever M.D	ATTENDING MED. PHYS. DIRECT	STAFF TO	2-14-66
23a	NAME (Type) ROBERT	WITREVER	OR CREMATORY 1 230	Maryland LOCATION (CITY, Town or CO	d (State)
24	BURIAL FEB, 17	STEVENS ADDRESS CHILDRE	SVILLE IS	TEVENSVILL	ounty) (State)  C'S SIGNATURE
1	Edgard Sans Per Or	um Thompson	FEB 28	1966 Johnson	o Judge

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORD	DS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYLAND
02877 CERTIFICAT	TE OF DEATH	02855
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town):    Maryland   Mar	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE  APA COUNTY  C. CIDAOR TOWN (If outside corporate limits, write RURA	EN HANES
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF First Middle DECEASEO (Type or print) FOURED CONTROL CONTRO	Last 4. DATE Month OF DEATH	Day Year 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	8. DATE OF BIRTH 9. AGE (In years IFUNDE) Just birthday Months  11. IRTHPLACE (County & State, or foreign country) 12. (	R 1 YEAR   IF UNDER 24 HRS   Days   Hours   Min.
during most of working life, even if retired)  RETIRED FARMERS FARMING  13. FATHER'S NAME		OUNTRY?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	ANNIE HEAV (OW.	11 m1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cultual Turnu	bri - I left heripligia	INTERVAL BETWEEN ONSET AND DEATH
Conditions, If any, which gave rise to immediate cause (a), stating the	cuos clerosis	(3/
Underlying cause last.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
G (IF ETIMER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of Item 1:	B.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (Cotory, street, office bidg., etc.)	ounty) (State)
1 SIGNATURE Hausten M	nat death occurred at 120 M, from the causes and on 22b.  1.D. ATTENDING MED. STAFF PHYS.   15	EE, that (I) (we) last the date stated above DATE SIGNED FULL
22c. PHYSICIAN'S NAME CHAPLY U. R. STON HARRISON	22d. ADDRESSO Carfor, May land	
23a. BURIAL COEMATION, 23b. DATE THEREOF 23c, NAME OF CEMETE BURIAL (Specify) (Specify	RY OR PREMATORY 230. LOCATION (City, town or co	(State)
Jone 18, But A. But Bur Cultude	Med pate 8 17 1956 Medistrat	ey Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY ges 1 after hours after MARYLAND b. CITY OR TDWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest/town) 72 hours days .= filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET within within etely 3. NAME OF First DATE Middle Last DECEASEO OF 3 (Type or print) DEATH executed 5. SEX 6. CQLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 10b. KIND DF BUSINESS OR 5 1Da. USUAL OCCUPATION (Give kind of work done) led by the attending physician letransit permit. Then please i, cremation, or removal, and in pe during most of working life, even if retired) INDUSTRY KETIRED BANKING certificate FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SDCIAL SECURITY ND. 17. (Yes, no, or unkown) (If yes give war or dates of service) 011 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) signed been signed the burial-tr or to burial, ( DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. has CERTIFICATION for use Health certificate hospital or 20a. ACCIDENT WAS UNDERLYING [ r this certil detached f te Dept. of DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) should be Hour a.m. Not While While p.m. 19 at work at work be retained DIRECTOR: A age 3 should lied with the ? 21. I certify that (I) (this hospital) attended the deceased from 25 Feb 27 F2B saw the deceased alive on. and that death occurred at 22a. SIGNATURE page ATTENDING STAFF Mus The alles su M.D. PHYS. DIRECTOR PHYS. Page 4 may HOSPITAL TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p

ND X YES Year Month Day 19 66 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Days Months 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? NO T 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) (State) (County) 1966 M. from the causes and on the date stated above. 22b. DATE SIGNED 28 Feb 66 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23b. DATE THEREOF REMOVAL (Specify) 00 REC'D BY REGISTRAR 25a. DATE

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## FOR STATE HEALTH DEPT.

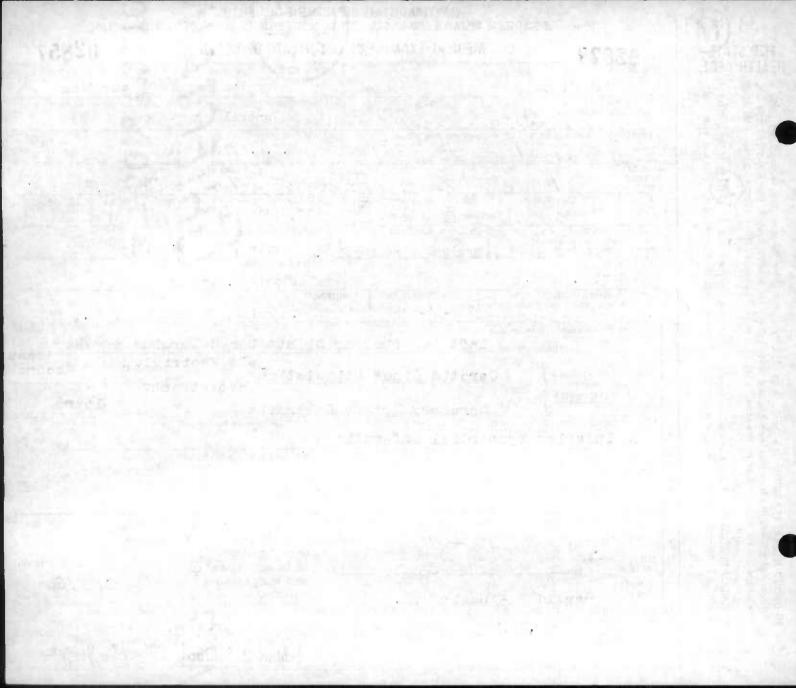
any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral directar. Page 4 should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with TM5 state Department of 72 hours after death. This certificate shauld be executed within 24 haurs after death. If in any event within Health ar its designated agent, priar ta burial, crematian, or remaval, and TO DEPUTY MEDICAL EXAMINER:

## MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL	KESEAKCH AND RECORDS, 30	I W. PRESION SIREEL, BALLIMORE, MARY	AND 21201
	02879	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	02857
	COUNTY TA DO	MARYLAND	o. STATE Maryland b. COU	
	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	CLENGTH OF STAY IN 16	c CITY-OR TOWN (If outside corporate limits, write RU Federalsburg - Ru	
	NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS R.F.D. #2, Box 198	e. IS RESIDENCE ON A FARM? YES NO
(	IAME OF BLATE Type or print)  BLATE	TAMES TAM	Lost 4. DATE Mon OF DEATH	20 1966
S. S			8. DATE OF BIRTH  9. AGE (In yeors last birthdoy)  yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
durin	USUAL OCCUPATION (Give kind of work done ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY IARYLand Plastics.	11. BIRTHPLACE (Stote or foreign country) Inc. Irving, West Virgi	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME Robert E. Meritt		14. MOTHER'S MAIDEN NAME Delphia E. Propst	
1S. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) ((If yes give wor or dotes of service NO	236-14-9357 E1	INFORMANT Addre dred W. Meritt, Federalsh	
	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse	Left entriculars  arotid Sinus Dt	Hypertraph	lar Seconds
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  O  1	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	200. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	(County) (State)
		Accident [], Suice	ide, Inspection, Inquide, Inquide, Undetermined m  CHIEF MEDICAL EXAMINER	onner ond in my opinion  22. DATE SIGNED  2/22/66
23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Feb. 23, 19	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or To	
24	FUNERAL DIRECTOR COME TRANSPORTED PRO	ADDRESS/ levalsburg Marylan		GISTRAR'S SIGNATURE

VR A15ME (3)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
02880 CERTIFICATE OF DEATH
02858

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)			
TA/bot MARYLAND	a. STATE MAR VLAIND B. COUNTY JALBOI			
b. CITY OR TOWN (If outside corporate limits.   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL and give nearest town)	Pro-Fustar 20-1			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE			
ha	ON A FARM?			
3. NAME OF First Middle	, , ,			
DECEASED (Type or print)	7 T-0 1 DF 7 21/1/			
	B. DATE OF BIRTH . 19. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.			
	last birthday) Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT			
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12, CITIZEN OF WHAT COUNTRY?			
METIRED MONING MAG	VAMICA, LONG LSLANDING U.S. H			
13. 'FATHER'S NAME	14. MOTHER'S MAPDEN NAME			
TRANK (YOSTRAND	GEORGIANNA MURST			
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. (Yes, nom of unknown)   (If yes give war or dates of service)	INFORMANT Address			
140 215-20-0680 N/K	SLOAMINOSTRAND NO EASION			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O O INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Introcerely	al hemorohoge 6 days			
33/X DUE TO				
Conditions, If any, which (b) alenosclester	vasular alexander my years			
gave rise to immediate cause (a), stating the DUE TO	/ /			
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
100	YES NO K			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA  202. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)			
101	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)			
Hour a.m.  p.m.  Hour a.m.  While Not While at work at work	ij, stiect, onteniug., etc.)			
	8 Feb 1966, to 24 Feb 1966, that (1) (we) last			
	death occurred at 6 3 M, from the causes and on the date stated above.			
22a. SIGNATURE	22b. DATE SIGNED			
Alepher Carrey M.D	ATTENDING MED.  DIRECTOR PHYS. 2-24-66			
22c. PHYSICIAN'S Stephen P. Carney	22d. ADDRESS			
Scopien 1. Oathey	Easton, Md.			
23a BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)				
7-76-66 Orford	Clifno MI			
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTPAR 25b. REGISTRAR'S SIGNATURE			
Wellis Kut Easton	DATEEB 28 1968 followles Judge			

VR AI5 (4) 20M 1/65

APPLY TO SECURE OF THE SUPPLY SECURE OF THE SECURE SECURITION OF THE Manager value of Water Commence of the Manual Commence of the State of the THOUGHTON TO COMPANY HOLLS Street Bridge was the sand of the same of the street of Canadian P. Carney u (

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. Page 4 may be retained by the hospital or attending physician.

AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH
VISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OEKTIFICAT	E OF DEATH		
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)		
a. COUNTY	a. STATE AL . b. COUNTY -		
MARYLAND	Maryland Talbot		
b. CITY DR TOWN (if outside corporate limits,   c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
write RURAL and give nearest town)	7:1-1		
LASTON 13 4 17	/ilghman 20-/		
d. NAME DE HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?		
Memo LIAI FOSTITA	YES NO.		
3. NAME DF First / / Middle	Last / 4. DATE Month Day Year		
(Type or print) Edward Augustine	ich APOSAL DEATH 2 / 196/		
E SEY LE COLOR OR PAGE !	8. DATE DE BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IF UNDER 24 Hrs.		
5. SEA O. COLOR OR RACE 7. MARRIEDA NEVER MARRIED	last birthday) Months I Dave Hours I Min		
male white WIDOWED [] / DIVORCED	8/10/1903 62 yrs.		
10a. USUAL OCCUPATION (Cive kind of work done   10b. KIND DF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT		
during most of working life, even if retired) INDUSTRY	T 11 M 1 1 COUNTRY?		
Plumbing	Talbot Maryland		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Jabe Edward Richardson	Mary Truitt		
	INFORMANT Address		
(Yes, no, or unkown) (If yes give war or dates of service)	· Cod 11/1 Oc. 1 ) Tell Mile		
no 219-14-4/03 ///v	s. Edward A. Richardson, Tilghman, Md.		
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH		
IMMEDIATE CAUSE (a)	la l		
DUE TO The			
Cenditions, If any, which	eralle - UD		
gave rise to immediate			
cause (a), stating the DUE TD	440		
underlying cause last. (c)			
PART I. DTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
PARTILI. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	Paninel YES NO N		
20a, ACCIDENT WAS UNDERLYING 1   20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)		
OR CONTRIBUTING CAUSE OF DEATH	Since ferror nature of injury in ture to the first to thom 201)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor work p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)		
Hour a.m. While Not While	ory, street, office bldg., etc.)		
p.m. 19   at work   at work			
21. I certify that (I) (this hospital) attended the deceased from	1965, 19 to 2 (, 1964, that (1) (we) last		
saw the deceased alive on 1960 and that	t death occurred at 12 KM, from the causes and on the date stated above.		
224 SIGNATURE	22b. DATE SICNED		
X hunkanne ele M	ATTENDING MED. STAFF 7 2 -2 70 6		
M.E.			
NAME (Type)	22d. ADDRESS TO COMA		
vacción la como la	Meller mg		
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county) (State)			
Burial (Specify) 2/4/1966 Woodlawn Memo.	rial Park Easton. Md.		
24. FUNERAL DIRECTOR ( ADDRESS	25a. REC'D BY RECISTRAR   25b. RECISTRAR'S SIGNATURE		
111 . +11 . 5 7.1	1, //-		
Macelies he NouMandan CASTON, V	DATEFR 7. 1968 Williamles Judge		

regime - 246/1966 Conding Congress lend codes.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE D	EPARTMENT C	)F HEALTH		
DIVISION OF STATISTICAL	RESEARCH AND RECORD	DS, 301 W. PREST	ON STREET,	BALTIMORE 1,	MARYLAN
02882	CERTIFICA	TE OF DEAT	H		028

	97000	
1.	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester
H	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH DF STAY IN 18	
	write RURAL and give nearest town)	R.F.D. Federalsburg 09-2
-	d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS   e. IS RESIDENCE
	memorial Hospital	R.F.D. # 1 - Box 218 ON A FARM? YES NO
3.	NAME DF DECEASED (Type or print)  Middle  And Middle  Mae	Roger 4. DATE Month Day Year OF DEATH 2 - 2 1 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years LIFUNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED	December 7, 1902 last birthday) Months Days Hours Min.
LOa lur	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  Housewife  Home	Dorchester County, Md. 12. CITIZEN DF WHAT COUNTRY?  U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	E. Lee Morris	Bertha E. Mheatley
15	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17 is, no, or unkown)   (If yes give war or dates of service)	'. INFORMANT Address
,	No None G	Bilbert G. Rogers, Federalsburg, MD. R.F.D
	Conditions, If any, which gave rise to Immediate DUE TO	renal Cell Careniaena INTERVAL BETWEEN ONSEE AND DEATH
NO	cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTDPSY
CAI		PERFORMER? YES ND
CERTIF	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
		at death occurred at 11 PM, from the causes and on the date stated above.
		ATTENDING MED. STAFF 22 F.666
	22c. PHYSICIAN'S NAME (Type) HURSTON HARRISON	22d. ADDRESS has leary land
23a	REMOVAL (Specify) February 24,1966 Hill Cr	ry OR CREMATORY 23d. LOCATION (City, town or county) (State) est Federal sburg, Maryland
24	romoframplompe, Federalsburg, Maryla	DATE EB 24 1968 fliantes Judge

VR AI5 (4) 20M 1/65

Commercial State of the Commer The lattice will be a first and the second of the second of ATTENDED ATTENDED

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Caroline affer the MARYLAND b. CITY OR TOWN (if dutside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours hours Ridgely days = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS None NO-S within letely completely ve carbon NAME OF DATE Middle Last Month Year DECEASED (Type or print) 2055 DEATH 19 a executed and con 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) | Months | Days any White Male Jan. WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) ician ase r 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT be during most of working life, even if retired) UNDUSTRY 0 Maryland Loboror None certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending James E. Ross Katie Ireland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address the attendit death o (Yes, no, or unkown) (If yes give war or dates of service) Mary Cole Ridgely, Maryland No Unknown cremation. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN been signed by the burial-transition to burial, cremit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. has 38 CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 19. for use Health PERFORMED? certificate NO T hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d Not While While p.m. at work at work retained DIRECTOR: A age 3 should lied with the 3 21. I certify that (I) (this hospital) attended the deceased from 19 M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING page STAFF obert 1 M.D. DIRECTOR PHYS. TO HOSPITAL (Page 4 may TO FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p 2/15/66 M. D. Trever Easton, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Buria Ridgelv Ridgelv Maryl REGISTRAR'S 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR VR A15 (4) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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L 10	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
E TOM	02884 CERTIFICATE OF DEATH 02862		
24 hours after death filled in by the funeral apers. Pages 1 and 72 hours after death	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESUPENCE (Where deceased lived, If institution: Residence before admission as STATE MO b. COUNTY Talbot		
s after by the f Pages 1 irs after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		
in by s. Pag	EASTON, MP. life Easton 20-		
24 ho filled papers. lin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address)  d. STREET ADDRESS  e. IS RESIDENT ON A FARM!		
	3. NAME DF First Middle Last 14. DATE Month Day Year		
ted within completely ve carbon event, with	OF OF DEATH 2 1966		
requires that the death certificate be executed within ding physician.  been signed by the attending physician and completely the burial-transit permit. Then please remove carbon part to burial, cremation, or removel; and in any event, with	5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH last birthday) Months Days Hours Mir 57 yrs.  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 14 Hours   Mir 57 yrs.)		
be ex	1Da. SUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRT HPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?		
ite b	salesman retail Talbot, Maryland USA		
ding phy Then p removat,	Walter N. Sharp 44. Mother's Maiden Name  Race Roe		
ath certif attending rmit. The n, or remo	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Yes, no, or unknown)   (If yes give war or dates of service)		
uires that the death g physician. rn signed by the atte burial-transit permit burial, cremation, or	Yes   WW11 216-03-7418 Katherine Marshall Sharp Easton, Mo		
the or y the ssit pressit pressi	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
hat ician ned k	IMMEDIATE CAUSE (a) TILVIC TIVO COSCILIE AT TOSE CICOT		
phys sign sign suria	Conditions, If any, which } (b)		
requi	gave rise to Immediate cause (a), stating the DUE TO		
law requires that tattending physician. has been signed be as the burial-tran h prior to burial, cre	Underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPS		
N: The latal or attificate hor use for use fealth for the later hor use fealth for the later hor was t	PERFORMED? YES DY NO [		
CIA Spi Spi Cerri Ceri Ce	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? YES NO [ 20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
PHYSICI the host this ce detache e Dept.	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   4 work   20f. (City or town)   20f. (City or t		
OR ATTENDING PA be retained by th JIRECTOR: After t ge 3 should be de ed with the State			
ATTENDI F retained RECTOR: A 3 should with the	21. I certify that (I) (this hospital) attended the deceased from 19,0, to 19,0, to 19,0, that (I) (we) la saw the deceased always of 19,0, and that death occurred at (10,0), from the causes and on the date stated above		
R AT e rel e rel 3 s 1 wit	22a. SIGNATURE 12b. DATE SIGNED		
AL OR Nay be AL DIR page page filed	M.D. ATTENDING MED. STAFF PHYS.  22c. PHYSICIAN'S 22d. ADDRESS		
SPITAL 4 may NERAL Crow, page id be fill	NAME (Type) &- C-tt. Schrischt Olayla, Md.		
FAGE 4 MERAL director, pshould be 1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)		
	SURIAL Specify 7EB 6, 1966 Greenlawn Cemetery CAMBRIDGE // d. 24 FUNERAL DIRECTOR ADDRESS 1 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE		
VR AI5 (4)	Day D. Severin Easton, md. DATEFB 7: 1966 Julianles Juage		
20M 1/65	Jag of a constant of the c		

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Hurlock d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME DF DATE Day Year Middle Last Month DECEASED DEATH (Type or print) secc A 196 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX DATE OF BIRTH 6. COLOR OR RACE 8. 7. MARRIED T NEVER MARRIED last birthday) Months I Days Female Negro August 10, 1920 WIDOWFD DIVORCED [ 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY South Carolina lousework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Della Samuel Asbury Samuel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Ralph E. Simmons, Hurlock, Maryland 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TD cause (a), stating the underlying cause last. WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) RERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING IT DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work 21. I certify that (I) (t) tended 19 the deceased from to. saw the deceased alive or and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS PHYS. 22d. ADDRE 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) 2-12-66 Thompsontown Cemetery Near East New Market. Buria

ADDRESS

25b. REGISTRAR'S SIGNATURE

REC'D BY REGISTRAR I

25a.

funeral and 2 death. eat the f after etely filled in by bon papers. Page within 72 hours Pag hours completely ve carbon p within executed be certificate remova ed by the attend-transit permit. death PHYSICIAN: The law requires that the has been signed by the as the burial-transit harior to burial, crema the hospital or attending physician. r this certificate hadetached for use a te Dept. of Health p DIRECTOR: After thage 3 should be detilled with the State D retained page filed Page 4 may TO FUNERAL director, p should be 1

> VR AI5 (4) 2DM 1/65

FUNERAL DIRECTOR

24.

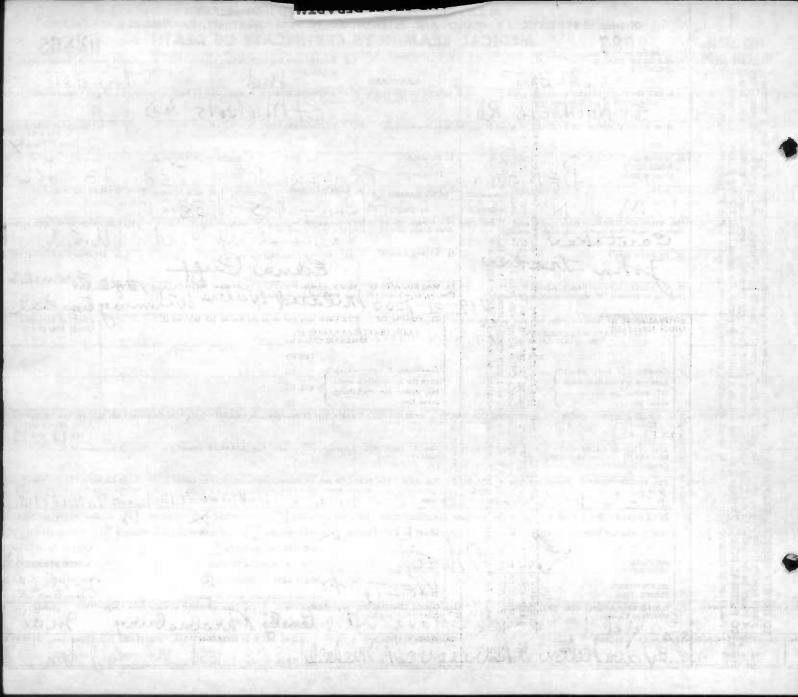
£4250 The same of the sa TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove continuous papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

02886 CERTIFICAT	E OF DEATH				
1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
a. CDUNTY AIDOT MARYLAND	a. STATE MARX/AND b. COUNTY Talkat				
b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)				
EASION	7-cual- Rt2. Box 238				
d. NAME OF HÖSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 20 - / e. IS RESIDENCE ON A FARM?				
3. NAME DF First Middle	YES NO M				
3. NAME DF First Middle DECEASED (Type or print)  MARK DANA	Thomas Death 2 26 1966				
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8' DATE OF RIRTH 19 AGE (IN YEAR LETINDER 1 YEAR HE LINDER 24 HRS				
M COL WIDOWED DIVORCED	last birthday) Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY	13. BIRTHPHACE (County & state, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
during most of working me, even in retired) industri	Talkat Mil John				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
#IDERT LIHOMAS	GENIEVIER ON WEDS				
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17	INFORMANT RIGHT Address T. T. J.				
NO XX	servere D' West Golden, ro				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a)	20045				
Conditions, If any, which \ (b)					
gave rise to immediate cause (a), stating the					
underlying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
FICA	YES ND				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEGIST.  20a. ACCIDENT WAS UNDERLYING TO DEATH BUT NOT RELEGIST.  20b. DESCRIBE HOW INJURY OCCUR.  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED A factor of the part of the p	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
p.m. 19 While Not While at work					
21. I certify that (I) (this hospital) attended the deceased from	2-26, 1966, to 2-26, 1966, that (1) (we) last				
saw the deceased alive on 2-2 19 66, and that	t death occurred at 5 15 M, from the causes and on the date stated above.				
John & Bay butt M.E.	ATTENDING MED. STAFF				
22c. PHYSICIAN'S	22d. ADDRESS				
MAME (Type) John E. Baybutt up	205 Earle Aue LASTON, Md				
23a. BUTCAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)					
24. FUNERAL DIRECTOR ABDRESS   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE					
Dimes 13 Dashiell East	no my MAR 2 1966 Icharles Judge				

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ENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b. COUNTY. funeral director. Page is necessary, ŏ ained for your files. MARYLAND Department b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) MICHAELN death. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE delay ON A FARM? YES NO State rs after 3. NAME OF 4. DATE Fire Middle Last Month Day Year the DECEASED OF of 3 to the sand 2 within (Type or print) DEATH 1966 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR JF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours Min. 0 WIDOWED DIVORCED within 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY or foreign sountry) 12. CITIZEN OF WHAT COUNTRY "pending" in pencil in Item 18. Give Pages 1, 2 xaminer's Office along with form PM3. Page done during most of working life, even if retired) ano Lako x in any event File pages 13. FATHER'S NAME 14. MOTHER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yas, no, or unkown) | (Ifyesgive war or dates of service) pue certificate should be executed 18. CAUSE OF DEATH [Enter only one cause-par line for (a), (b), end (c), INTERVAL BETWEEN or removal. Office along burial-transit r ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) cremation, gava rise to Immadiate couse m DUE TO Se (e), stating the underlying Examiner cause lest. pe nseq (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION burial, PERFORMED? sase execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO TT EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of item 18.) 9 PRIMARY | or CONTRIBUTING | prior CAUSE OF DEATH. the C. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) While fectory, street, office bldg., etc.) MEDI Not While agent, please execute the cermically, at should be forwarded to the TO FUNERAL DIRECTOR: P. Health or its designated agent at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion MEDICAL death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22 BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CREMATORY 22d. LOCATION (City, lown, or county) (State) RPMOVAL (Specify) 23 JUNERAL DIRECTOR REGISTRAR 24b. REGISTRAR'S SIGNATURE VR A1SME 5M 1/63



Terestand an Indian 100.000 50 100 WE 2005 TON 7/16/1927 ton L witte s is a significant Am No. VO VICTOR en since of its The Bir on oak it is a carry " . AND THE RESIDENCE OF THE PARTY a como la STORTER STATE OF STATE